#	Variable / Field Name	Field Label *Field Note*	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)		
Instrument: **Case Report Form** (case_report_form) 📲 Enabled as survey					
1	[record_id]	Record ID	text		
2	[int_state]	Section Header: *1. Interview Information* (FOR INTERVIEWER) Reporting State/Territory	dropdown (autocomplete), Required		
			1	Alabama	
			2	Alaska	
			3	American Samoa	
			4	Arizona	
			5	Arkansas	
			6	California	
			7	Colorado	
			8	Connecticut	
			9	Delaware	
			10	District of Columbia	
			11	Florida	
			12	Georgia	
			13	Guam	
			14	Hawaii	
			15	Idaho	
			16	Illinois	
			17	Indiana	
			18	Iowa	
			19	Kansas	
			20	Kentucky	
			21	Louisiana	
			22	Maine	
			23	Maryland	
			24	Massachusetts	
			25	Michigan	
			26	Minnesota	
			27	Mississippi	
			28	Missouri	
			29	Montana	
			30	Nebraska	
			31	Nevada	
			32	New Hampshire	
			33	New Jersey	
			34	New Mexico	
			35	New York	
			36	North Carolina	
			37	North Dakota	
			38	Ohio	
			39	Oklahoma	
			40	Oregon	
			41	Pennsylvania	

#	Variable / Field Name	Field Label *Field Note*	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)		

			42	Puerto Rico
			43	Rhode Island
			44	South Carolina
			45	South Dakota
			46	Tennessee
			47	Texas
			48	Utah
			49	Vermont
			50	Virginia
			51	Virgin Islands
			52	Washington
			53	West Virginia
			54	Wisconsin
			55	Wyoming

Question number: 1

3	[int_date]	(FOR INTERVIEWER) Date of interview	text (date_mdy), Required Question number: 2 Field Annotation: @TODAY
4	[int_agency]	(FOR INTERVIEWER) Interviewer agency	text, Required Question number: 3
5	[int_report]	(FOR INTERVIEWER) Are you reporting a confirmed case of orthopoxvirus infection or monkeypox?	yesno, Required 1 Yes 0 No Question number: 4 Stop actions on 0
6	[dem_stateid]	Section Header: *2. Patient Demographics (FOR INTERVIEWER: READ THE FOLLOWING INTRODUCTION BEFORE BEGINNING THE INTERVIEW QUESTIONS) Thank you for speaking with me today. As you may be aware, we are conducting this interview as you have recently been diagnosed with either orthopoxvirus infection or monkeypox. We understand that this may be a difficult time, and we greatly appreciate your participation. The information you provide me today will help inform public health interventions that can identify risk factors and prevent disease spread. This interview should take about 60 minutes to complete. We encourage you to be as honest as possible. If at any time you feel uncomfortable or tired, let me know and we can skip the question or stop or take a break and continue again when you are ready. Do you have any questions for me before we begin? (FOR INTERVIEWER: PAUSE FOR QUESTIONS) Great, let's begin. First, we will begin with some questions to capture key demographic information.* (FOR INTERVIEWER) State assigned case ID (disease event-level identifier; if available, use NNDSS local record ID or case ID) (priority)	text Question number: 5
7	[dem_cdcid]	(FOR INTERVIEWER) CDC assigned case ID (from initial consult with the call center) (priority)	text Question number: 6
8	[dem_localid]	(FOR INTERVIEWER) Patient ID (person-level identifier; if available, use NNDSS local subject ID) (priority)	text Question number: 7
9	[dem_othlab]	(FOR INTERVIEWER) Is the patient a contact of another laboratory confirmed orthopoxvirus infection or monkeypox case? (priority)	radio 1 Yes 2 No 3 Don't know Question number: 8
10	[dem_othlab_patid] Show the field ONLY if: [dem_othlab] = '1'	(FOR INTERVIEWER) If the patient is a contact of another laboratory confirmed orthopoxvirus infection or monkeypox case, please list the patient ID(s) (person-level identifier; if available, use NNDSS local subject ID) of the other case or cases (i.e. patient ID of the index case(s)). (comma separated) (priority)	text Question number: 9

11	[dem_cont_tracing] Show the field ONLY if: [dem_othlab] = '1'	(FOR INTERVIEWER) If the patient is a contact of another laboratory confirmed orthopoxvirus infection or monkeypox case, was the patient been identified through contact tracing? (priority)	radio

radio

1	Yes
2	No
3	Don't know

Question number: 10

12	[dem_primeres]	What is your primary country of residence? (priority)	dropdown (autocomplete)

dropdown (autocomplete)

1	Afghanistan
2	Albania
3	Algeria
4	Andorra
5	Angola
6	Antigua and Barbuda
7	Argentina
8	Armenia
9	Australia
10	Austria
11	Azerbaijan
12	Bahamas, The
13	Bahrain
14	Bangladesh
15	Barbados
16	Belarus
17	Belgium
18	Belize
19	Benin (Dahomey)
20	Bolivia
21	Bosnia and Herzegovina
22	Botswana
23	Brazil
24	Brunei
25	Brunswick and Lüneburg
26	Bulgaria
27	Burkina Faso (Upper Volta)
28	Burma
29	Burundi
30	Cabo Verde
31	Cambodia
32	Cameroon
33	Canada
34	Cayman Islands, The
35	Central African Republic
36	Chad
37	Chile
38	China
39	Colombia
40	Comoros
41	Congo Free State, The
42	Costa Rica

43	Cote d'Ivoire (Ivory Coast)
44	Croatia
45	Cuba
46	Cyprus
47	Czechia
48	Czechoslovakia
49	Democratic Republic of the Congo
50	Denmark
51	Djibouti
52	Dominica
53	Dominican Republic
54	Ecuador
55	Egypt
56	El Salvador
57	Equatorial Guinea
58	Eritrea
59	Estonia
60	Eswatini
61	Ethiopia
62	Fiji
63	Finland
64	France
65	Gabon
66	Gambia, The
67	Georgia
68	Germany
69	Ghana
70	Greece
71	Grenada
72	Guatemala
73	Guinea
74	Guinea-Bissau
75	Guyana
76	Haiti
77	Holy See
78	Honduras
79	Hungary
80	Iceland
81	India
82	Indonesia
83	Iran
84	Iraq
85	Ireland
86	Israel
87	Italy
88	Jamaica
89	Japan
90	Jordan

91	Kazakhstan
92	Kenya
93	Kiribati
94	Korea
95	Kosovo
96	Kuwait
97	Kyrgyzstan
98	Laos
99	Latvia
100	Lebanon
101	Lesotho
102	Liberia
103	Libya
104	Liechtenstein
105	Lithuania
106	Luxembourg
107	Madagascar
108	Malawi
109	Malaysia
110	Maldives
111	Mali
112	Malta
113	Marshall Islands
114	Mauritania
115	Mauritius
116	Mexico
117	Micronesia
118	Moldova
119	Monaco
120	Mongolia
121	Montenegro
122	Morocco
123	Mozambique
124	Namibia
125	Nauru
126	Nepal
127	Netherlands, The
128	New Zealand
129	Nicaragua
130	Niger
131	Nigeria
132	North Macedonia
133	Norway
134	Oman
135	Pakistan
136	Palau
137	Panama
138	Papua New Guinea

139	Paraguay
140	Peru
141	Philippines
142	Poland
143	Portugal
144	Qatar
145	Republic of Korea (South Korea)
146	Republic of the Congo
147	Romania
148	Russia
149	Rwanda
150	Saint Kitts and Nevis
151	Saint Lucia
152	Saint Vincent and the Grenadines
153	Samoa
154	San Marino
155	Sao Tome and Principe
156	Saudi Arabia
157	Senegal
158	Serbia
159	Seychelles
160	Sierra Leone
161	Singapore
162	Slovakia
163	Slovenia
164	Solomon Islands, The
165	Somalia
166	South Africa
167	South Sudan
168	Spain
169	Sri Lanka
170	Sudan
171	Suriname
172	Sweden
173	Switzerland
174	Syria
175	Tajikistan
176	Tanzania
177	Thailand
178	Timor-Leste
179	Togo
180	Tonga
181	Trinidad and Tobago
182	Tunisia
183	Turkey
184	Turkmenistan
185	Tuvalu
186	Uganda

			187	Ukraine
			188	United Arab Emirates, The
			189	United Kingdom, The
			190	United States
			191	Uruguay
			192	Uzbekistan
			193	Vanuatu
			194	Venezuela
			195	Vietnam
			196	Yemen
			197	Zambia
			198	Zimbabwe

Question number: 11

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13 [dem_age]

What is your age, in years? (priority)
If < 1 year old, input "0".

text (integer, Min: 0, Max: 110)
Question number: 12

---

14 [dem_gender]

Do you currently describe yourself as male, female, or transgender? (select all that apply)

checkbox

1	dem_gender___1	Male
2	dem_gender___2	Female
3	dem_gender___3	Trangender male
4	dem_gender___4	Transgender female
5	dem_gender___5	Another gender identity
6	dem_gender___6	Refused

Question number: 13

---

15 [dem_sex]

What sex were you assigned at birth, on your original birth certificate?

radio, Required

1	Male
2	Female
3	Refused

Question number: 14

---

16 [dem_female_preg]

Are you currently pregnant? (priority)

radio

1	Yes
2	No
3	Don't know

Question number: 15

---

17 [dem_female_bf]

Are you currently breast feeding? (priority)

yesno

1	Yes
0	No

Question number: 16

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18 [dem_sexorient]

Which of the following best represents how you think of yourself? (priority)

radio

1	Lesbian or gay
2	Straight (not gay or lesbian)
3	Bisexual
4	A different term
5	Prefer not to answer

Question number: 17

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19 [dem_sexorient_oth]

Show the field ONLY if:
[dem_sexorient] = '4'

You mentioned you prefer a different term, can you specify?

text
Question number: 18

20	[dem_race]	What is your race? (select all that apply) (priority)	checkbox

Row 20 detail:

1	dem_race___1	American Indian or Alaska Native
2	dem_race___2	Asian
3	dem_race___3	Black or African American
4	dem_race___4	Native Hawaiian or Other Pacific Islander
5	dem_race___5	White

Question number: 19

21	[dem_race_aian] Show the field ONLY if: [dem_race(1)] = '1'	You mentioned your race as American Indian or Alaska Native, what is your tribal affiliation?	text Question number: 20

22	[dem_ethnicity]	What is your ethnicity? (priority)	radio

1	Hispanic or Latino
2	Non-Hispanic or Latino

Question number: 21

23	[dem_hcw]	Are you a healthcare worker? (priority)	yesno

1	Yes
0	No

Question number: 22

24	[hh_usres]	Section Header: *3. Household demographics (FOR INTERVIEWER: READ THE FOLLOWING INTRODUCTION BEFORE BEGINNING THE INTERVIEW QUESTIONS) We are now going to discuss qualities of your household and your residence. For this section, residence will refer to where you spend most of your time.* Do you reside in the US? (priority)	yesno

1	Yes
0	No

Question number: 23

25	[hh_state] Show the field ONLY if: [hh_usres] = '1'	What state or territory do you reside in? (in other words, the state/territory used in your address) (priority)	dropdown (autocomplete)

1	Alabama
2	Alaska
3	American Samoa
4	Arizona
5	Arkansas
6	California
7	Colorado
8	Connecticut
9	Delaware
10	District of Columbia
11	Florida
12	Georgia
13	Guam
14	Hawaii
15	Idaho
16	Illinois
17	Indiana
18	Iowa
19	Kansas
20	Kentucky
21	Louisiana
22	Maine
23	Maryland

			24	Massachusetts
			25	Michigan
			26	Minnesota
			27	Mississippi
			28	Missouri
			29	Montana
			30	Nebraska
			31	Nevada
			32	New Hampshire
			33	New Jersey
			34	New Mexico
			35	New York
			36	North Carolina
			37	North Dakota
			38	Ohio
			39	Oklahoma
			40	Oregon
			41	Pennsylvania
			42	Puerto Rico
			43	Rhode Island
			44	South Carolina
			45	South Dakota
			46	Tennessee
			47	Texas
			48	Utah
			49	Vermont
			50	Virginia
			51	Virgin Islands
			52	Washington
			53	West Virginia
			54	Wisconsin
			55	Wyoming

Question number: 24

26	[hh_county] Show the field ONLY if: [hh_usres] = '1'	What county do you reside in? (in other words, the county used in your address) (priority)	text Question number: 25
27	[hh_city] Show the field ONLY if: [hh_usres] = '0'	You mentioned that you don't live in the US, so what city do you reside in?	text Question number: 26
28	[hh_country] Show the field ONLY if: [hh_usres] = '0'	You mentioned that you don't live in the US, so what country do you reside in? (priority)	dropdown (autocomplete)

Question 28 options:

1	Afghanistan
2	Albania
3	Algeria
4	Andorra
5	Angola
6	Antigua and Barbuda
7	Argentina
8	Armenia
9	Australia

10	Austria
11	Azerbaijan
12	Bahamas, The
13	Bahrain
14	Bangladesh
15	Barbados
16	Belarus
17	Belgium
18	Belize
19	Benin (Dahomey)
20	Bolivia
21	Bosnia and Herzegovina
22	Botswana
23	Brazil
24	Brunei
25	Brunswick and Lüneburg
26	Bulgaria
27	Burkina Faso (Upper Volta)
28	Burma
29	Burundi
30	Cabo Verde
31	Cambodia
32	Cameroon
33	Canada
34	Cayman Islands, The
35	Central African Republic
36	Chad
37	Chile
38	China
39	Colombia
40	Comoros
41	Congo Free State, The
42	Costa Rica
43	Cote d'Ivoire (Ivory Coast)
44	Croatia
45	Cuba
46	Cyprus
47	Czechia
48	Czechoslovakia
49	Democratic Republic of the Congo
50	Denmark
51	Djibouti
52	Dominica
53	Dominican Republic
54	Ecuador
55	Egypt
56	El Salvador
57	Equatorial Guinea

58	Eritrea
59	Estonia
60	Eswatini
61	Ethiopia
62	Fiji
63	Finland
64	France
65	Gabon
66	Gambia, The
67	Georgia
68	Germany
69	Ghana
70	Greece
71	Grenada
72	Guatemala
73	Guinea
74	Guinea-Bissau
75	Guyana
76	Haiti
77	Holy See
78	Honduras
79	Hungary
80	Iceland
81	India
82	Indonesia
83	Iran
84	Iraq
85	Ireland
86	Israel
87	Italy
88	Jamaica
89	Japan
90	Jordan
91	Kazakhstan
92	Kenya
93	Kiribati
94	Korea
95	Kosovo
96	Kuwait
97	Kyrgyzstan
98	Laos
99	Latvia
100	Lebanon
101	Lesotho
102	Liberia
103	Libya
104	Liechtenstein
105	Lithuania

106	Luxembourg
107	Madagascar
108	Malawi
109	Malaysia
110	Maldives
111	Mali
112	Malta
113	Marshall Islands
114	Mauritania
115	Mauritius
116	Mexico
117	Micronesia
118	Moldova
119	Monaco
120	Mongolia
121	Montenegro
122	Morocco
123	Mozambique
124	Namibia
125	Nauru
126	Nepal
127	Netherlands, The
128	New Zealand
129	Nicaragua
130	Niger
131	Nigeria
132	North Macedonia
133	Norway
134	Oman
135	Pakistan
136	Palau
137	Panama
138	Papua New Guinea
139	Paraguay
140	Peru
141	Philippines
142	Poland
143	Portugal
144	Qatar
145	Republic of Korea (South Korea)
146	Republic of the Congo
147	Romania
148	Russia
149	Rwanda
150	Saint Kitts and Nevis
151	Saint Lucia
152	Saint Vincent and the Grenadines
153	Samoa

				154	San Marino
				155	Sao Tome and Principe
				156	Saudi Arabia
				157	Senegal
				158	Serbia
				159	Seychelles
				160	Sierra Leone
				161	Singapore
				162	Slovakia
				163	Slovenia
				164	Solomon Islands, The
				165	Somalia
				166	South Africa
				167	South Sudan
				168	Spain
				169	Sri Lanka
				170	Sudan
				171	Suriname
				172	Sweden
				173	Switzerland
				174	Syria
				175	Tajikistan
				176	Tanzania
				177	Thailand
				178	Timor-Leste
				179	Togo
				180	Tonga
				181	Trinidad and Tobago
				182	Tunisia
				183	Turkey
				184	Turkmenistan
				185	Tuvalu
				186	Uganda
				187	Ukraine
				188	United Arab Emirates, The
				189	United Kingdom, The
				190	Uruguay
				191	Uzbekistan
				192	Vanuatu
				193	Venezuela
				194	Vietnam
				195	Yemen
				196	Zambia
				197	Zimbabwe

Question number: 27

29	[hh_pets]	Do any pets live in your household? (priority)	radio
			1 | Yes 2 | No 3 | Don't know Question number: 28
30	[hh_pets_type] Show the field ONLY if: [hh_pets] = '1'	You mentioned that pets live in your household, which type of animal(s) are they? (select all that apply)	checkbox 1 | hh_pets_type___1 | Dog 2 | hh_pets_type___2 | Cat 3 | hh_pets_type___3 | Prairie dog 4 | hh_pets_type___4 | Other small rodent (rat, mouse, guinea pig, sugar glider, hamster) 99 | hh_pets_type___99 | Other Question number: 29
31	[hh_pets_type_oth] Show the field ONLY if: [hh_pets_type(99)] = '1'	You mentioned some other pet, can you specify?	text Question number: 30
32	[hh_pets_out] Show the field ONLY if: [hh_pets] = '1'	You mentioned that pets live in your household, are any of the pets allowed to go outside unsupervised (i.e. not supervised or out of sight for any period of time even if in a fenced yard)? (priority)	radio 1 | Yes 2 | No 3 | Don't know Question number: 31
33	[hh_type]	In the three weeks before your illness onset, what type of dwelling were you in? (select all that apply) (priority)	checkbox 1 | hh_type___1 | Single family dwelling 2 | hh_type___2 | Multi-family dwelling 3 | hh_type___3 | Hotel 4 | hh_type___4 | Congregate housing (e.g., hostels, homeless shelter, university (dormitory) housing, prison/jail) 5 | hh_type___5 | Unsheltered (no dwelling) 99 | hh_type___99 | Other Question number: 32
34	[hh_type_oth] Show the field ONLY if: [hh_type(99)] = "1"	You mentioned you reside in some other type of dwelling, can you describe the type of dwelling?	text Question number: 33
35	[ptx_deceased]	Section Header: *4. Patient illness characteristics (FOR INTERVIEWER: READ THE FOLLOWING INTRODUCTION BEFORE BEGINNING THE INTERVIEW QUESTIONS) Now we are going to talk a bit more about your illness.* (FOR INTERVIEWER) Is the patient deceased? (priority)	radio 1 | Yes 2 | No 3 | Unknown Question number: 34
36	[ptx_deceased_mpx] Show the field ONLY if: [ptx_deceased] = '1'	If deceased, did they die from this illness?	radio 1 | Yes 2 | No 3 | Unknown Question number: 35
37	[ptx_deceased_dt] Show the field ONLY if: [ptx_deceased] = '1'	(FOR INTERVIEWER) If deceased, date of death. (priority)	text (date_mdy) Question number: 36

38	[ptx_stx]	What symptoms did you experience during course of your illness? (FOR INTERVIEWER: probe for each listed symptom) (select all that apply) (priority)	checkbox

checkbox

1	ptx_stx___1	Fever
2	ptx_stx___2	Rash
3	ptx_stx___3	Enlarged lymph nodes
4	ptx_stx___4	Cough
5	ptx_stx___5	Eye lesions
6	ptx_stx___6	Conjunctivitis
7	ptx_stx___7	Abdominal pain
8	ptx_stx___8	Pruritis (itching)
9	ptx_stx___9	Vomiting or nausea
10	ptx_stx___10	Runny nose
21	ptx_stx___21	Malaise (general feeling of illness/weakness)
22	ptx_stx___22	Myalgia (muscle aches)
23	ptx_stx___23	Headache
24	ptx_stx___24	Tenesmus/urgency to defecate
25	ptx_stx___25	Rectal pain
26	ptx_stx___26	Rectal bleeding
27	ptx_stx___27	Back pain
28	ptx_stx___28	Pus or blood on stools
29	ptx_stx___29	Chills
99	ptx_stx___99	Other

Question number: 37

39	[ptx_stx_oth] Show the field ONLY if: [ptx_stx(99)] = "1"	You mentioned you had some other symptom, please describe.	text Question number: 38

40	[ptx_stx_first] Show the field ONLY if: [ptx_stx(1)]='1' or [ptx_stx(2)]='1' or [ptx_stx(3)]='1' or [ptx_stx(4)]='1' or [ptx_stx(5)]='1' or [ptx_stx(6)]='1' or [ptx_stx(7)]='1' or [ptx_stx(8)]='1' or [ptx_stx(9)]='1' or [ptx_stx(10)]='1' or [ptx_stx(21)]='1' or [ptx_stx(22)]='1' or [ptx_stx(23)]='1' or [ptx_stx(24)]='1' or [ptx_stx(25)]='1' or [ptx_stx(26)]='1' or [ptx_stx(27)]='1' or [ptx_stx(28)]='1' or [ptx_stx(29)]='1' or [ptx_stx(99)]='1'	You mentioned you had one or more symptoms, what was your first symptom? (select all that apply)	checkbox

			1	ptx_stx_first___1	Fever
			2	ptx_stx_first___2	Rash
			3	ptx_stx_first___3	Enlarged lymph nodes
			4	ptx_stx_first___4	Cough
			5	ptx_stx_first___5	Eye lesions
			6	ptx_stx_first___6	Conjunctivitis
			7	ptx_stx_first___7	Abdominal pain
			8	ptx_stx_first___8	Pruritis (itching)
			9	ptx_stx_first___9	Vomiting or nausea
			10	ptx_stx_first___10	Runny nose
			21	ptx_stx_first___21	Malaise (general feeling of illness/weakness)
			22	ptx_stx_first___22	Myalgia (muscle aches)
			23	ptx_stx_first___23	Headache
			24	ptx_stx_first___24	Tenesmus/urgency to defecate
			25	ptx_stx_first___25	Rectal pain
			26	ptx_stx_first___26	Rectal bleeding
			27	ptx_stx_first___27	Back pain
			28	ptx_stx_first___28	Pus or blood on stools
			29	ptx_stx_first___29	Chills
			99	ptx_stx_first___99	Other

Question number: 39

41	[ptx_stx_dt]	What was the date of your illness onset (in other words, the date when any of the symptoms you mentioned first appeared) (priority)	text (date_mdy) Question number: 40
42	[ptx_stx_fvr_dt] Show the field ONLY if: [ptx_stx(1)] = "1"	You mentioned you had a fever, what was the date of fever onset (in other words, the date the fever first appeared)? (priority)	text (date_mdy) Question number: 41
43	[ptx_stx_fvr_temp] Show the field ONLY if: [ptx_stx(1)] = '1'	Was the fever ever measured to be 100.4°F or greater (38°C)?	radio 1 Yes 2 No 3 Don't know Question number: 42
44	[ptx_stx_rash_dt] Show the field ONLY if: [ptx_stx(2)] = "1"	You mentioned you had a rash, what was the date of rash onset (in other words, the date the rash first appeared)? (priority)	text (date_mdy) Question number: 43

45	[ptx_stx_rash_loc] Show the field ONLY if: [ptx_stx(2)] = "1"	You mentioned you had a rash, where on your body did the rash begin? (select all that apply) (priority)	checkbox

checkbox

1	ptx_stx_rash_loc___1	Face
2	ptx_stx_rash_loc___2	Head
3	ptx_stx_rash_loc___3	Neck
4	ptx_stx_rash_loc___4	Mouth, lips, or oral mucosa
5	ptx_stx_rash_loc___5	Trunk
6	ptx_stx_rash_loc___6	Arms
7	ptx_stx_rash_loc___7	Legs
8	ptx_stx_rash_loc___8	Palms of hands
9	ptx_stx_rash_loc___9	Soles of feet
10	ptx_stx_rash_loc___10	Genitals
11	ptx_stx_rash_loc___11	Perianal
99	ptx_stx_rash_loc___99	Other location

Question number: 44

46	[ptx_stx_rash_loc_oth] Show the field ONLY if: [ptx_stx_rash_loc(99)] = '1'	You mentioned you had a rash in some other location, can you please specify?	text Question number: 45

47	[ptx_stx_rash_loc_2] Show the field ONLY if: [ptx_stx(2)] = "1"	You mentioned you had a rash on your [ptx_stx_rash_loc], where on your body did the rash spread during the course of your illness? (select all that apply) (priority)	checkbox

checkbox

1	ptx_stx_rash_loc_2___1	Face
2	ptx_stx_rash_loc_2___2	Head
3	ptx_stx_rash_loc_2___3	Neck
4	ptx_stx_rash_loc_2___4	Mouth, lips, or oral mucosa
5	ptx_stx_rash_loc_2___5	Trunk
6	ptx_stx_rash_loc_2___6	Arms
7	ptx_stx_rash_loc_2___7	Legs
8	ptx_stx_rash_loc_2___8	Palms of hands
9	ptx_stx_rash_loc_2___9	Soles of feet
10	ptx_stx_rash_loc_2___10	Genitals
11	ptx_stx_rash_loc_2___11	Perianal
99	ptx_stx_rash_loc_2___99	Other location

Question number: 46

48	[ptx_stx_rash_loc_oth_2] Show the field ONLY if: [ptx_stx_rash_loc_2(99)] = '1'	You mentioned the rash spread to some other location, can you please specify?	text Question number: 47

49	[ptx_stx_rash_lesion] Show the field ONLY if: [ptx_stx(2)] = "1"	You mentioned you had a rash, when the rash was at its worst, approximately how many lesions were there on your body? (choose one)	radio

radio

1	1 - 9
2	10 - 49
3	50 - 99
4	>= 100
5	Don't know

Question number: 48

50	[ptx_hosp]	Have you ever been hospitalized for this illness? (priority)	yesno

yesno

1	Yes
0	No

Question number: 49

51	[ptx_hosp_dur] Show the field ONLY if: [ptx_hosp] = '1'	You mentioned you were hospitalized for this illness, approximately how long, in days, were you hospitalized?	text (integer, Min: 0) Question number: 50
52	[ptx_iso_start_dt]	(FOR INTERVIEWER) If known, start date of patient isolation. (priority)	text (date_mdy) Question number: 51
53	[ptx_iso_end_dt]	(FOR INTERVIEWER) If known, end date of patient isolation (all lesions have resolved, the scabs have fallen off, and a fresh layer of intact skin has formed). (priority)	text (date_mdy) Question number: 52
54	[ptx_antiorthopoxviral]	(FOR INTERVIEWER) Did this patient receive anti-orthopoxviral treatment? (priority)	radio 1 Yes 2 No 3 Don't know Question number: 53
55	[ptx_post_prophylaxis]	(FOR INTERVIEWER) Did the patient receive post-exposure prophylaxis? (priority)	radio 1 Yes ACAM2000 2 Yes JYNNEOS 3 No 4 Don't know Question number: 54
56	[ptx_post_prophylaxis_days] Show the field ONLY if: [ptx_post_prophylaxis] = '1' || [ptx_post_prophylaxis] = '2'	Approximately how many days after initial exposure did the patient receive post-exposure prophylaxis?	text Question number: 55
57	[hist_immuno]	Section Header: *5. Patient medical history (FOR INTERVIEWER: READ THE FOLLOWING INTRODUCTION BEFORE BEGINNING THE INTERVIEW QUESTIONS) Thank you. The next few questions relate to your medical history.* Do you have any known immunocompromising conditions or take immunosuppressive medications? Immunocompromising conditions can include diseases like HIV/AIDS, diabetes, lupus, organ transplants, stem cell transplants, and cancer. Certain medicines like chemotherapy, biologic therapies, and steroids can also weaken the immune system. (priority)	yesno 1 Yes 0 No Question number: 56
58	[hist_immuno_cond] Show the field ONLY if: [hist_immuno] = '1'	You mentioned you are immunocompromised, please describe the associated condition or treatment.	text Question number: 57
59	[hist_spx_doc]	(FOR INTERVIEWER) Is there documented administration of smallpox vaccine prior May 1st, 2022? (priority)	radio 1 Yes 2 No 3 Don't know Question number: 58
60	[hist_spx_doc_year] Show the field ONLY if: [hist_spx_doc] = '1'	If there is documented administration of smallpox vaccine prior to May 1st, 2022, then when was the patient vaccinated? Indicate all dates (year(s), separated by commas).	text Question number: 59
61	[hist_spx_pt_report] Show the field ONLY if: [hist_spx_doc] = '2'	(IF NO DOCUMENTED ADMINISTRATION OF SMALLPOX VACCINE PRIOR TO MAY 1ST, 2022, THEN ASK THE PATIENT THE FOLLOWING:) do you know if you have been vaccinated for smallpox? Vaccine scars do not count.	radio 1 Yes 2 No 3 Don't know Question number: 60
62	[hist_spx_pt_report_year] Show the field ONLY if: [hist_spx_pt_report] = '1'	You mentioned you remember being vaccinated, what year(s) were you vaccinated?	text Question number: 61

63	[illcont_event]	Section Header: *6. Ill person contacts (FOR INTERVIEWER: READ THE FOLLOWING INTRODUCTION BEFORE BEGINNING THE INTERVIEW QUESTIONS) Now we are going to speak a bit more about your recent contact with other persons.*	radio
		In the three weeks before your first symptom appeared (also called symptom onset), have you attended any large public or private events? For example, like concerts, weddings, festivals, or parades. (priority)	1 Yes 2 No 3 Don't know Question number: 62
64	[illcont_event_notes] Show the field ONLY if: [illcont_event] = '1'	You mentioned that you attended a large event or large events in the three weeks before your symptom onset, can you specify the date of attendance, name and location of this event(s)? (priority)	notes Question number: 63
65	[illcont_inst]	Now we are going to talk about persons who were ill at the time you interacted with them or have become ill since you interacted with them.	descriptive
66	[illcont_hadsymp]	Let's focus on the three weeks before your first symptom appeared (also called symptom onset). During this time, have you had any interaction with anyone who had symptoms of monkeypox or monkeypox-related illness when you interacted with them? (priority)	radio 1 Yes 2 No 3 Don't know Question number: 64
67	[illcont_devsymp]	Again, let's focus on the three weeks before your first symptom appeared (also called symptom onset). During this time, have you had any interaction with anyone who has developed any symptoms of monkeypox or monkeypox-related illness since the time you interacted with them? (priority)	radio 1 Yes 2 No 3 Don't know Question number: 65
68	[illcont_inst_2] Show the field ONLY if: [illcont_hadsymp] = '1' || [illcont_devsymp] = '1'	(FOR INTERVIEWER: IF YES TO EITHER OF THE ABOVE, CONTINUE TO THE FOLLOWING QUESTIONS CONCERNING THESE ADDITIONAL ILL PERSONS. BE SURE TO PROBE FOR ALL ILL CONTACTS.) You mentioned that, in the three weeks before your symptoms first appeared, you either interacted with someone who had symptoms of monkeypox or monkeypox-related illness when you interacted with them and/or they developed symptoms of monkeypox or monkeypox-related illness since you interacted with them. The next set of questions relate to the person or persons you interacted with.	descriptive
69	[illcont_1_date] Show the field ONLY if: [illcont_hadsymp] = '1' || [illcont_devsymp] = '1'	On what date did you interact with this person? (priority)	text (date_mdy) Question number: 66
70	[illcont_1_sex] Show the field ONLY if: [illcont_hadsymp] = '1' || [illcont_devsymp] = '1'	What was the current sex of this person? (priority)	radio 1 Men 2 Women 3 Other gender identity 4 Unknown Question number: 67
71	[illcont_1_age] Show the field ONLY if: [illcont_hadsymp] = '1' || [illcont_devsymp] = '1'	How old is this person, in years?	text (integer, Min: 0) Question number: 68
72	[illcont_1_mpx] Show the field ONLY if: [illcont_hadsymp] = '1' || [illcont_devsymp] = '1'	Did they receive a laboratory confirmed diagnosis of monkeypox or orthopoxvirus infection from a health care provider?	radio 1 Yes 2 No 3 Don't know Question number: 69

| 73 | [illcont_1_loc]

Show the field ONLY if:
[illcont_hadsymp] = '1' || [illcont_devsymp] = '1'	In which country did you interact with them?	dropdown (autocomplete)	
		1	Afghanistan
		2	Albania
		3	Algeria
		4	Andorra
		5	Angola
		6	Antigua and Barbuda
		7	Argentina
		8	Armenia
		9	Australia
		10	Austria
		11	Azerbaijan
		12	Bahamas, The
		13	Bahrain
		14	Bangladesh
		15	Barbados
		16	Belarus
		17	Belgium
		18	Belize
		19	Benin (Dahomey)
		20	Bolivia
		21	Bosnia and Herzegovina
		22	Botswana
		23	Brazil
		24	Brunei
		25	Brunswick and Lüneburg
		26	Bulgaria
		27	Burkina Faso (Upper Volta)
		28	Burma
		29	Burundi
		30	Cabo Verde
		31	Cambodia
		32	Cameroon
		33	Canada
		34	Cayman Islands, The
		35	Central African Republic
		36	Chad
		37	Chile
		38	China
		39	Colombia
		40	Comoros
		41	Congo Free State, The
		42	Costa Rica
		43	Cote d'Ivoire (Ivory Coast)
		44	Croatia
		45	Cuba
		46	Cyprus
		47	Czechia
		48	Czechoslovakia

49	Democratic Republic of the Congo
50	Denmark
51	Djibouti
52	Dominica
53	Dominican Republic
54	Ecuador
55	Egypt
56	El Salvador
57	Equatorial Guinea
58	Eritrea
59	Estonia
60	Eswatini
61	Ethiopia
62	Fiji
63	Finland
64	France
65	Gabon
66	Gambia, The
67	Georgia
68	Germany
69	Ghana
70	Greece
71	Grenada
72	Guatemala
73	Guinea
74	Guinea-Bissau
75	Guyana
76	Haiti
77	Holy See
78	Honduras
79	Hungary
80	Iceland
81	India
82	Indonesia
83	Iran
84	Iraq
85	Ireland
86	Israel
87	Italy
88	Jamaica
89	Japan
90	Jordan
91	Kazakhstan
92	Kenya
93	Kiribati
94	Korea
95	Kosovo
96	Kuwait

97	Kyrgyzstan
98	Laos
99	Latvia
100	Lebanon
101	Lesotho
102	Liberia
103	Libya
104	Liechtenstein
105	Lithuania
106	Luxembourg
107	Madagascar
108	Malawi
109	Malaysia
110	Maldives
111	Mali
112	Malta
113	Marshall Islands
114	Mauritania
115	Mauritius
116	Mexico
117	Micronesia
118	Moldova
119	Monaco
120	Mongolia
121	Montenegro
122	Morocco
123	Mozambique
124	Namibia
125	Nauru
126	Nepal
127	Netherlands, The
128	New Zealand
129	Nicaragua
130	Niger
131	Nigeria
132	North Macedonia
133	Norway
134	Oman
135	Pakistan
136	Palau
137	Panama
138	Papua New Guinea
139	Paraguay
140	Peru
141	Philippines
142	Poland
143	Portugal
144	Qatar

145	Republic of Korea (South Korea)
146	Republic of the Congo
147	Romania
148	Russia
149	Rwanda
150	Saint Kitts and Nevis
151	Saint Lucia
152	Saint Vincent and the Grenadines
153	Samoa
154	San Marino
155	Sao Tome and Principe
156	Saudi Arabia
157	Senegal
158	Serbia
159	Seychelles
160	Sierra Leone
161	Singapore
162	Slovakia
163	Slovenia
164	Solomon Islands, The
165	Somalia
166	South Africa
167	South Sudan
168	Spain
169	Sri Lanka
170	Sudan
171	Suriname
172	Sweden
173	Switzerland
174	Syria
175	Tajikistan
176	Tanzania
177	Thailand
178	Timor-Leste
179	Togo
180	Tonga
181	Trinidad and Tobago
182	Tunisia
183	Turkey
184	Turkmenistan
185	Tuvalu
186	Uganda
187	Ukraine
188	United Arab Emirates, The
189	United Kingdom, The
190	United States
191	Uruguay
192	Uzbekistan

			193	Vanuatu
			194	Venezuela
			195	Vietnam
			196	Yemen
			197	Zambia
			198	Zimbabwe

Question number: 70

| 74 | [illcont_1_travel]

Show the field ONLY if:
[illcont_hadsymp] = '1' \|\| [illcont_devsymp] = '1' | Did they have recent domestic or international travel? We can define 'recent' as 21 days before you interacted with them. | radio

| 1 | Yes |
| 2 | No |
3	Don't know	 Question number: 71
75	[illcont_1_trvl_loc] Show the field ONLY if: [illcont_1_travel]='1'	You mentioned they recently traveled, where did they travel to or from? Please specify the city and country and list all destinations if there are more than one.	notes Question number: 72
76	[illcont_1_type] Show the field ONLY if: [illcont_hadsymp] = '1' || [illcont_devsymp] = '1'	What type of interaction did you have with them? (select all that apply) (priority)	checkbox

1	illcont_1_type___1	Caregiving
2	illcont_1_type___2	Sexual contact
3	illcont_1_type___3	Shared food, utensils, or dishes
4	illcont_1_type___4	Shared clothing
5	illcont_1_type___5	Shared towels or bedding either at home or at another location
6	illcont_1_type___6	Shared transportation (examples: carpooling, riding a bus, riding a motorcycle, using a taxi, using Uber)
7	illcont_1_type___7	Shared bathrooms (toilets, sinks, showers) either at home or at another location
8	illcont_1_type___8	Face-to-face contact, not including intimate contact (being within six feet for more than three hours of an unmasked case-patient without wearing, at a minimum, a surgical mask)
99	illcont_1_type___99	Other

Question number: 73

77	[illcont_1_transport] Show the field ONLY if: [illcont_1_type(6)] = "1"	You mentioned that you shared transportation with them, can you please specify the type of transportation?	text Question number: 74
78	[illcont_1_other] Show the field ONLY if: [illcont_1_type(99)] = "1"	You mentioned some other type of interaction with them, can you describe?	text Question number: 75

79	[illcont_1_masks] Show the field ONLY if: [illcont_1_type(6)] = "1"	You mentioned that you shared transportation with them, were masks used?	radio 	1	Yes, both patient and contact wore masks
2	Partially, only patient wore a mask
3	Partially, only contact wore a mask
4	No, neither patient nor contact wore a mask
5	Don't know	 Question number: 76
80	[illcont_2] Show the field ONLY if: [illcont_hadsymp] = '1' || [illcont_devsymp] = '1'	Do you have any additional interactions with other persons to share? *If yes, respond to the following questions concerning these ill people. Indicate all of the ill people. There is room at the end of this section for additional contacts.*	yesno | 1	Yes
0	No	 Question number: 77
81	[illcont_2_date] Show the field ONLY if: [illcont_2] = '1'	On what date did you interact with this person? (priority)	text (date_mdy) Question number: 78
82	[illcont_2_sex] Show the field ONLY if: [illcont_2] = '1'	What was the current sex of this person? (priority)	radio | 1	Men
2	Women
3	Other gender identity
4	Unknown	 Question number: 79
83	[illcont_2_age] Show the field ONLY if: [illcont_2] = '1'	How old is this person, in years?	text (integer, Min: 0) Question number: 80
84	[illcont_2_mpx] Show the field ONLY if: [illcont_2] = '1'	Did they receive a laboratory confirmed diagnosis of monkeypox or orthopoxvirus infection from a health care provider?	radio | 1	Yes
2	No
3	Don't know	 Question number: 81
85	[illcont_2_loc] Show the field ONLY if: [illcont_2] = '1'	In which country did you interact with them?	dropdown (autocomplete) | 1	Afghanistan
2	Albania
3	Algeria
4	Andorra
5	Angola
6	Antigua and Barbuda
7	Argentina
8	Armenia
9	Australia
10	Austria
11	Azerbaijan
12	Bahamas, The
13	Bahrain
14	Bangladesh
15	Barbados
16	Belarus
17	Belgium
18	Belize
19	Benin (Dahomey)	

20	Bolivia
21	Bosnia and Herzegovina
22	Botswana
23	Brazil
24	Brunei
25	Brunswick and Lüneburg
26	Bulgaria
27	Burkina Faso (Upper Volta)
28	Burma
29	Burundi
30	Cabo Verde
31	Cambodia
32	Cameroon
33	Canada
34	Cayman Islands, The
35	Central African Republic
36	Chad
37	Chile
38	China
39	Colombia
40	Comoros
41	Congo Free State, The
42	Costa Rica
43	Cote d'Ivoire (Ivory Coast)
44	Croatia
45	Cuba
46	Cyprus
47	Czechia
48	Czechoslovakia
49	Democratic Republic of the Congo
50	Denmark
51	Djibouti
52	Dominica
53	Dominican Republic
54	Ecuador
55	Egypt
56	El Salvador
57	Equatorial Guinea
58	Eritrea
59	Estonia
60	Eswatini
61	Ethiopia
62	Fiji
63	Finland
64	France
65	Gabon
66	Gambia, The
67	Georgia

68	Germany
69	Ghana
70	Greece
71	Grenada
72	Guatemala
73	Guinea
74	Guinea-Bissau
75	Guyana
76	Haiti
77	Holy See
78	Honduras
79	Hungary
80	Iceland
81	India
82	Indonesia
83	Iran
84	Iraq
85	Ireland
86	Israel
87	Italy
88	Jamaica
89	Japan
90	Jordan
91	Kazakhstan
92	Kenya
93	Kiribati
94	Korea
95	Kosovo
96	Kuwait
97	Kyrgyzstan
98	Laos
99	Latvia
100	Lebanon
101	Lesotho
102	Liberia
103	Libya
104	Liechtenstein
105	Lithuania
106	Luxembourg
107	Madagascar
108	Malawi
109	Malaysia
110	Maldives
111	Mali
112	Malta
113	Marshall Islands
114	Mauritania
115	Mauritius

116	Mexico
117	Micronesia
118	Moldova
119	Monaco
120	Mongolia
121	Montenegro
122	Morocco
123	Mozambique
124	Namibia
125	Nauru
126	Nepal
127	Netherlands, The
128	New Zealand
129	Nicaragua
130	Niger
131	Nigeria
132	North Macedonia
133	Norway
134	Oman
135	Pakistan
136	Palau
137	Panama
138	Papua New Guinea
139	Paraguay
140	Peru
141	Philippines
142	Poland
143	Portugal
144	Qatar
145	Republic of Korea (South Korea)
146	Republic of the Congo
147	Romania
148	Russia
149	Rwanda
150	Saint Kitts and Nevis
151	Saint Lucia
152	Saint Vincent and the Grenadines
153	Samoa
154	San Marino
155	Sao Tome and Principe
156	Saudi Arabia
157	Senegal
158	Serbia
159	Seychelles
160	Sierra Leone
161	Singapore
162	Slovakia
163	Slovenia

164	Solomon Islands, The
165	Somalia
166	South Africa
167	South Sudan
168	Spain
169	Sri Lanka
170	Sudan
171	Suriname
172	Sweden
173	Switzerland
174	Syria
175	Tajikistan
176	Tanzania
177	Thailand
178	Timor-Leste
179	Togo
180	Tonga
181	Trinidad and Tobago
182	Tunisia
183	Turkey
184	Turkmenistan
185	Tuvalu
186	Uganda
187	Ukraine
188	United Arab Emirates, The
189	United Kingdom, The
190	United States
191	Uruguay
192	Uzbekistan
193	Vanuatu
194	Venezuela
195	Vietnam
196	Yemen
197	Zambia
198	Zimbabwe

Question number: 82

| 86 | [illcont_2_travel]

Show the field ONLY if:
[illcont_2] = '1' | Did they have recent domestic or international travel? We can define 'recent' as 21 days before you interacted with them. | radio

| 1 | Yes |
| 2 | No |
3	Don't know	 Question number: 83
87	[illcont_2_trvl_loc] Show the field ONLY if: [illcont_2] = '1' && [illcont_2_tr avel] = '1'	You mentioned they recently traveled, where did they travel to or from? Please specify the city and country and list all destinations if there are more than one.	notes Question number: 84

88	[illcont_2_type] Show the field ONLY if: [illcont_2] = '1'	What type of interaction did you have with them? (select all that apply) (priority)	checkbox

checkbox

1	illcont_2_type___1	Caregiving
2	illcont_2_type___2	Sexual contact
3	illcont_2_type___3	Shared food, utensils, or dishes
4	illcont_2_type___4	Shared clothing
5	illcont_2_type___5	Shared towels or bedding either at home or at another location
6	illcont_2_type___6	Shared transportation (examples: carpooling, riding a bus, riding a motorcycle, using a taxi, using Uber)
7	illcont_2_type___7	Shared bathrooms (toilets, sinks, showers) either at home or at another location
8	illcont_2_type___8	Face-to-face contact, not including intimate contact (being within six feet for more than three hours of an unmasked case-patient without wearing, at a minimum, a surgical mask)
99	illcont_2_type___99	Other

Question number: 85

89	[illcont_2_transport] Show the field ONLY if: [illcont_2_type(6)] = "1"	You mentioned that you shared transportation with them, can you please specify the type of transportation?	text Question number: 86
90	[illcont_2_masks] Show the field ONLY if: [illcont_2_type(99)] = "1"	You mentioned some other type of interaction with them, can you describe?	text Question number: 87
91	[illcont_2_other] Show the field ONLY if: [illcont_2_type(6)] = "1"	You mentioned that you shared transportation with them, were masks used?	radio

radio

1	Yes, both patient and contact wore masks
2	Partially, only patient wore a mask
3	Partially, only contact wore a mask
4	No, neither patient nor contact wore a mask
5	Don't know

Question number: 88

92	[illcont_3] Show the field ONLY if: [illcont_2] = '1'	Do you have any additional interactions with other persons to share? *If yes, respond to the following questions concerning these ill people. Indicate all of the ill people. There is room at the end of this section for additional contacts.*	yesno

yesno

1	Yes
0	No

Question number: 89

93	[illcont_3_date] Show the field ONLY if: [illcont_3] = '1'	On what date did you interact with this person? (priority)	text (date_mdy) Question number: 90

94	[illcont_3_sex] Show the field ONLY if: [illcont_3] = '1'	What was the current sex of this person? (priority)	radio 	1	Men
2	Women
3	Other gender identity
4	Unknown	 Question number: 91
95	[illcont_3_age] Show the field ONLY if: [illcont_3] = '1'	How old is this person, in years?	text (integer, Min: 0) Question number: 92
96	[illcont_3_mpx] Show the field ONLY if: [illcont_3] = '1'	Did they receive a laboratory confirmed diagnosis of monkeypox or orthopoxvirus infection from a health care provider?	radio | 1	Yes
2	No
3	Don't know	 Question number: 93
97	[illcont_3_loc] Show the field ONLY if: [illcont_3] = '1'	In which country did you interact with them?	dropdown (autocomplete) | 1	Afghanistan
2	Albania
3	Algeria
4	Andorra
5	Angola
6	Antigua and Barbuda
7	Argentina
8	Armenia
9	Australia
10	Austria
11	Azerbaijan
12	Bahamas, The
13	Bahrain
14	Bangladesh
15	Barbados
16	Belarus
17	Belgium
18	Belize
19	Benin (Dahomey)
20	Bolivia
21	Bosnia and Herzegovina
22	Botswana
23	Brazil
24	Brunei
25	Brunswick and Lüneburg
26	Bulgaria
27	Burkina Faso (Upper Volta)
28	Burma
29	Burundi
30	Cabo Verde
31	Cambodia
32	Cameroon
33	Canada	

34	Cayman Islands, The
35	Central African Republic
36	Chad
37	Chile
38	China
39	Colombia
40	Comoros
41	Congo Free State, The
42	Costa Rica
43	Cote d'Ivoire (Ivory Coast)
44	Croatia
45	Cuba
46	Cyprus
47	Czechia
48	Czechoslovakia
49	Democratic Republic of the Congo
50	Denmark
51	Djibouti
52	Dominica
53	Dominican Republic
54	Ecuador
55	Egypt
56	El Salvador
57	Equatorial Guinea
58	Eritrea
59	Estonia
60	Eswatini
61	Ethiopia
62	Fiji
63	Finland
64	France
65	Gabon
66	Gambia, The
67	Georgia
68	Germany
69	Ghana
70	Greece
71	Grenada
72	Guatemala
73	Guinea
74	Guinea-Bissau
75	Guyana
76	Haiti
77	Holy See
78	Honduras
79	Hungary
80	Iceland
81	India

82	Indonesia
83	Iran
84	Iraq
85	Ireland
86	Israel
87	Italy
88	Jamaica
89	Japan
90	Jordan
91	Kazakhstan
92	Kenya
93	Kiribati
94	Korea
95	Kosovo
96	Kuwait
97	Kyrgyzstan
98	Laos
99	Latvia
100	Lebanon
101	Lesotho
102	Liberia
103	Libya
104	Liechtenstein
105	Lithuania
106	Luxembourg
107	Madagascar
108	Malawi
109	Malaysia
110	Maldives
111	Mali
112	Malta
113	Marshall Islands
114	Mauritania
115	Mauritius
116	Mexico
117	Micronesia
118	Moldova
119	Monaco
120	Mongolia
121	Montenegro
122	Morocco
123	Mozambique
124	Namibia
125	Nauru
126	Nepal
127	Netherlands, The
128	New Zealand
129	Nicaragua

130	Niger
131	Nigeria
132	North Macedonia
133	Norway
134	Oman
135	Pakistan
136	Palau
137	Panama
138	Papua New Guinea
139	Paraguay
140	Peru
141	Philippines
142	Poland
143	Portugal
144	Qatar
145	Republic of Korea (South Korea)
146	Republic of the Congo
147	Romania
148	Russia
149	Rwanda
150	Saint Kitts and Nevis
151	Saint Lucia
152	Saint Vincent and the Grenadines
153	Samoa
154	San Marino
155	Sao Tome and Principe
156	Saudi Arabia
157	Senegal
158	Serbia
159	Seychelles
160	Sierra Leone
161	Singapore
162	Slovakia
163	Slovenia
164	Solomon Islands, The
165	Somalia
166	South Africa
167	South Sudan
168	Spain
169	Sri Lanka
170	Sudan
171	Suriname
172	Sweden
173	Switzerland
174	Syria
175	Tajikistan
176	Tanzania
177	Thailand

			178	Timor-Leste
			179	Togo
			180	Tonga
			181	Trinidad and Tobago
			182	Tunisia
			183	Turkey
			184	Turkmenistan
			185	Tuvalu
			186	Uganda
			187	Ukraine
			188	United Arab Emirates, The
			189	United Kingdom, The
			190	United States
			191	Uruguay
			192	Uzbekistan
			193	Vanuatu
			194	Venezuela
			195	Vietnam
			196	Yemen
			197	Zambia
			198	Zimbabwe

Question number: 94

98	[illcont_3_travel] Show the field ONLY if: [illcont_3] = '1'	Did they have recent domestic or international travel? We can define 'recent' as 21 days before you interacted with them.	radio 	1	Yes
2	No
3	Don't know	 Question number: 95
99	[illcont_3_trvl_loc] Show the field ONLY if: [illcont_3_travel]='1'	You mentioned they recently traveled, where did they travel to or from? Please specify the city and country and list all destinations if there are more than one.	notes Question number: 96

100	[illcont_3_type] Show the field ONLY if: [illcont_3] = '1'	What type of interaction did you have with them? (select all that apply) (priority)	checkbox

1	illcont_3_type___1	Caregiving
2	illcont_3_type___2	Sexual contact
3	illcont_3_type___3	Shared food, utensils, or dishes
4	illcont_3_type___4	Shared clothing
5	illcont_3_type___5	Shared towels or bedding either at home or at another location
6	illcont_3_type___6	Shared transportation (examples: carpooling, riding a bus, riding a motorcycle, using a taxi, using Uber)
7	illcont_3_type___7	Shared bathrooms (toilets, sinks, showers) either at home or at another location
8	illcont_3_type___8	Face-to-face contact, not including intimate contact (being within six feet for more than three hours of an unmasked case-patient without wearing, at a minimum, a surgical mask)
99	illcont_3_type___99	Other

Question number: 97

101	[illcont_3_transport] Show the field ONLY if: [illcont_3_type(6)] = "1"	You mentioned that you shared transportation with them, can you please specify the type of transportation?	text Question number: 98
102	[illcont_3_masks] Show the field ONLY if: [illcont_3_type(99)] = "1"	You mentioned some other type of interaction with them, can you describe?	text Question number: 99

103	[illcont_3_other] Show the field ONLY if: [illcont_3_type(6)] = "1"	You mentioned that you shared transportation with them, were masks used?	radio

1	Yes, both patient and contact wore masks
2	Partially, only patient wore a mask
3	Partially, only contact wore a mask
4	No, neither patient nor contact wore a mask
5	Don't know

Question number: 100

104	[illcont_4] Show the field ONLY if: [illcont_3] = '1'	Do you have any additional interactions with other persons to share? *If yes, respond to the following questions concerning these ill people. Indicate all of the ill people. There is room at the end of this section for additional contacts.*	yesno

1	Yes
0	No

Question number: 101

105	[illcont_4_date] Show the field ONLY if: [illcont_4] = '1'	On what date did you interact with this person? (priority)	text (date_mdy) Question number: 102

106	[illcont_4_sex] Show the field ONLY if: [illcont_4] = '1'	What was the current sex of this person? (priority)	radio 	1	Men
2	Women
3	Other gender identity
4	Unknown	 Question number: 103
107	[illcont_4_age] Show the field ONLY if: [illcont_4] = '1'	How old is this person, in years?	text (integer, Min: 0) Question number: 104
108	[illcont_4_mpx] Show the field ONLY if: [illcont_4] = '1'	Did they receive a laboratory confirmed diagnosis of monkeypox or orthopoxvirus infection from a health care provider?	radio | 1	Yes
2	No
3	Don't know	 Question number: 105
109	[illcont_4_loc] Show the field ONLY if: [illcont_4] = '1'	In which country did you interact with them?	dropdown (autocomplete) | 1	Afghanistan
2	Albania
3	Algeria
4	Andorra
5	Angola
6	Antigua and Barbuda
7	Argentina
8	Armenia
9	Australia
10	Austria
11	Azerbaijan
12	Bahamas, The
13	Bahrain
14	Bangladesh
15	Barbados
16	Belarus
17	Belgium
18	Belize
19	Benin (Dahomey)
20	Bolivia
21	Bosnia and Herzegovina
22	Botswana
23	Brazil
24	Brunei
25	Brunswick and Lüneburg
26	Bulgaria
27	Burkina Faso (Upper Volta)
28	Burma
29	Burundi
30	Cabo Verde
31	Cambodia
32	Cameroon
33	Canada	

34	Cayman Islands, The
35	Central African Republic
36	Chad
37	Chile
38	China
39	Colombia
40	Comoros
41	Congo Free State, The
42	Costa Rica
43	Cote d'Ivoire (Ivory Coast)
44	Croatia
45	Cuba
46	Cyprus
47	Czechia
48	Czechoslovakia
49	Democratic Republic of the Congo
50	Denmark
51	Djibouti
52	Dominica
53	Dominican Republic
54	Ecuador
55	Egypt
56	El Salvador
57	Equatorial Guinea
58	Eritrea
59	Estonia
60	Eswatini
61	Ethiopia
62	Fiji
63	Finland
64	France
65	Gabon
66	Gambia, The
67	Georgia
68	Germany
69	Ghana
70	Greece
71	Grenada
72	Guatemala
73	Guinea
74	Guinea-Bissau
75	Guyana
76	Haiti
77	Holy See
78	Honduras
79	Hungary
80	Iceland
81	India

82	Indonesia
83	Iran
84	Iraq
85	Ireland
86	Israel
87	Italy
88	Jamaica
89	Japan
90	Jordan
91	Kazakhstan
92	Kenya
93	Kiribati
94	Korea
95	Kosovo
96	Kuwait
97	Kyrgyzstan
98	Laos
99	Latvia
100	Lebanon
101	Lesotho
102	Liberia
103	Libya
104	Liechtenstein
105	Lithuania
106	Luxembourg
107	Madagascar
108	Malawi
109	Malaysia
110	Maldives
111	Mali
112	Malta
113	Marshall Islands
114	Mauritania
115	Mauritius
116	Mexico
117	Micronesia
118	Moldova
119	Monaco
120	Mongolia
121	Montenegro
122	Morocco
123	Mozambique
124	Namibia
125	Nauru
126	Nepal
127	Netherlands, The
128	New Zealand
129	Nicaragua

130	Niger
131	Nigeria
132	North Macedonia
133	Norway
134	Oman
135	Pakistan
136	Palau
137	Panama
138	Papua New Guinea
139	Paraguay
140	Peru
141	Philippines
142	Poland
143	Portugal
144	Qatar
145	Republic of Korea (South Korea)
146	Republic of the Congo
147	Romania
148	Russia
149	Rwanda
150	Saint Kitts and Nevis
151	Saint Lucia
152	Saint Vincent and the Grenadines
153	Samoa
154	San Marino
155	Sao Tome and Principe
156	Saudi Arabia
157	Senegal
158	Serbia
159	Seychelles
160	Sierra Leone
161	Singapore
162	Slovakia
163	Slovenia
164	Solomon Islands, The
165	Somalia
166	South Africa
167	South Sudan
168	Spain
169	Sri Lanka
170	Sudan
171	Suriname
172	Sweden
173	Switzerland
174	Syria
175	Tajikistan
176	Tanzania
177	Thailand

178	Timor-Leste
179	Togo
180	Tonga
181	Trinidad and Tobago
182	Tunisia
183	Turkey
184	Turkmenistan
185	Tuvalu
186	Uganda
187	Ukraine
188	United Arab Emirates, The
189	United Kingdom, The
190	United States
191	Uruguay
192	Uzbekistan
193	Vanuatu
194	Venezuela
195	Vietnam
196	Yemen
197	Zambia
198	Zimbabwe

Question number: 106

| 110 | [illcont_4_travel]

Show the field ONLY if:
[illcont_4] = '1' | Did they have recent domestic or international travel? We can define 'recent' as 21 days before you interacted with them. | radio

| 1 | Yes |
| 2 | No |
3	Don't know	 Question number: 107
111	[illcont_4_trvl_loc] Show the field ONLY if: [illcont_4_travel]='1'	You mentioned they recently traveled, where did they travel to or from? Please specify the city and country and list all destinations if there are more than one.	notes Question number: 108

112	[illcont_4_type] Show the field ONLY if: [illcont_4] = '1'	What type of interaction did you have with them? (select all that apply) (priority)	checkbox

1	illcont_4_type___1	Caregiving
2	illcont_4_type___2	Sexual contact
3	illcont_4_type___3	Shared food, utensils, or dishes
4	illcont_4_type___4	Shared clothing
5	illcont_4_type___5	Shared towels or bedding either at home or at another location
6	illcont_4_type___6	Shared transportation (examples: carpooling, riding a bus, riding a motorcycle, using a taxi, using Uber)
7	illcont_4_type___7	Shared bathrooms (toilets, sinks, showers) either at home or at another location
8	illcont_4_type___8	Face-to-face contact, not including intimate contact (being within six feet for more than three hours of an unmasked case-patient without wearing, at a minimum, a surgical mask)
99	illcont_4_type___99	Other

Question number: 109

113	[illcont_4_transport] Show the field ONLY if: [illcont_4_type(6)] = "1"	You mentioned that you shared transportation with them, can you please specify the type of transportation?	text Question number: 110

114	[illcont_4_masks] Show the field ONLY if: [illcont_4_type(99)] = "1"	You mentioned some other type of interaction with them, can you describe?	text Question number: 111

115	[illcont_4_other] Show the field ONLY if: [illcont_4_type(6)] = "1"	You mentioned that you shared transportation with them, were masks used?	radio

1	Yes, both patient and contact wore masks
2	Partially, only patient wore a mask
3	Partially, only contact wore a mask
4	No, neither patient nor contact wore a mask
5	Don't know

Question number: 112

116	[illcont_5] Show the field ONLY if: [illcont_4] = '1'	Do you have any additional interactions with other persons to share?	yesno

1	Yes
0	No

Question number: 113

117	[illcont_5_notes] Show the field ONLY if: [illcont_5] = '1'	(FOR INTERVIEWER: NOTE ALL ADDITIONAL INTERACTIONS WITH THE FOLLOWING DETAILS) For each additional persons, please tell me the following: 1) date of interaction 2) the person's sex 3) their age (in years) 4) if they received a laboratory confirmed diagnosis of orthopoxvirus infection or monkeypox 5) if they had additional travel 6) where they traveled to 7) the type of interaction you had with them	notes Question number: 114

118	[exp_travel_1]	Section Header: *7. Travel, animal and product exposures (FOR INTERVIEWER: READ THE FOLLOWING INTRODUCTION BEFORE BEGINNING THE INTERVIEW QUESTIONS) In this section, we will talk about travel or animal or product related exposures.* Did you travel during the 3 weeks before your first symptom appeared (also called symptom onset)? (priority)	yesno 1 Yes 0 No Question number: 115
119	[exp_travel_notes] Show the field ONLY if: [exp_travel_1] = '1'	(FOR INTERVIEWER: IF YES TO THE ABOVE, CONTINUE TO THE FOLLOWING QUESTIONS CONCERNING THESE TRIPS. BE SURE TO PROBE FOR ALL TRIPS IN THE THREE WEEKS BEFORE SYMPTOM ONSET.)	descriptive
120	[exp_travel_1_loc] Show the field ONLY if: [exp_travel_1] = '1'	You mentioned that you traveled during the 3 weeks before your symptom onset, was this domestic or international travel? (priority)	radio 1 Domestic 2 International Question number: 116
121	[exp_travel_1_departcity] Show the field ONLY if: [exp_travel_1] = '1'	What was the departure city?	text Question number: 117
122	[exp_travel_1_departdate] Show the field ONLY if: [exp_travel_1] = '1'	What was the departure date?	text (date_mdy) Question number: 118
123	[exp_travel_1_arrivecity] Show the field ONLY if: [exp_travel_1] = '1'	What was the arrival city?	text Question number: 119
124	[exp_travel_1_arrivedate] Show the field ONLY if: [exp_travel_1] = '1'	What was the arrival date?	text (date_mdy) Question number: 120
125	[exp_travel_1_mask] Show the field ONLY if: [exp_travel_1] = '1'	Did you wear a mask while in transit? (priority)	radio 1 Yes - always 2 Yes - sometimes 3 Yes - rarely 4 No mask worn 5 Unknown Question number: 121
126	[exp_travel_2] Show the field ONLY if: [exp_travel_1] = '1'	Do you have any additional trips to share?	yesno 1 Yes 0 No Question number: 122
127	[exp_travel_2_loc] Show the field ONLY if: [exp_travel_2] = '1'	You mentioned that you traveled during the 3 weeks before your symptom onset, was this domestic or international travel? (priority)	radio 1 Domestic 2 International Question number: 123
128	[exp_travel_2_departcity] Show the field ONLY if: [exp_travel_2] = '1'	What was the departure city?	text Question number: 124
129	[exp_travel_2_departdate] Show the field ONLY if: [exp_travel_2] = '1'	What was the departure date?	text (date_mdy) Question number: 125
130	[exp_travel_2_arrivecity] Show the field ONLY if: [exp_travel_2] = '1'	What was the arrival city?	text Question number: 126

131	[exp_travel_2_arrivedate] Show the field ONLY if: [exp_travel_2] = '1'	What was the arrival date?	text (date_mdy) Question number: 127
132	[exp_travel_2_mask] Show the field ONLY if: [exp_travel_2] = '1'	Did you wear a mask while in transit? (priority)	radio 1 Yes - always 2 Yes - sometimes 3 Yes - rarely 4 No mask worn 5 Unknown Question number: 128
133	[exp_travel_3] Show the field ONLY if: [exp_travel_2] = '1'	Do you have any additional trips to share?	yesno 1 Yes 0 No Question number: 129
134	[exp_travel_3_loc] Show the field ONLY if: [exp_travel_3] = '1'	You mentioned that you traveled during the 3 weeks before your symptom onset, was this domestic or international travel? (priority)	radio 1 Domestic 2 International Question number: 130
135	[exp_travel_3_departcity] Show the field ONLY if: [exp_travel_3] = '1'	What was the departure city?	text Question number: 131
136	[exp_travel_3_departdate] Show the field ONLY if: [exp_travel_3] = '1'	What was the departure date?	text (date_mdy) Question number: 132
137	[exp_travel_3_arrivecity] Show the field ONLY if: [exp_travel_3] = '1'	What was the arrival city?	text Question number: 133
138	[exp_travel_3_arrivedate] Show the field ONLY if: [exp_travel_3] = '1'	What was the arrival date?	text (date_mdy) Question number: 134
139	[exp_travel_3_mask] Show the field ONLY if: [exp_travel_3] = '1'	Did you wear a mask while in transit? (priority)	radio 1 Yes - always 2 Yes - sometimes 3 Yes - rarely 4 No mask worn 5 Unknown Question number: 135
140	[exp_travel_4] Show the field ONLY if: [exp_travel_3] = '1'	Do you have any additional trips to share?	yesno 1 Yes 0 No Question number: 136
141	[exp_travel_4_loc] Show the field ONLY if: [exp_travel_4] = '1'	You mentioned that you traveled during the 3 weeks before your symptom onset, was this domestic or international travel? (priority)	radio 1 Domestic 2 International Question number: 137
142	[exp_travel_4_departcity] Show the field ONLY if: [exp_travel_4] = '1'	What was the departure city?	text Question number: 138

143	[exp_travel_4_departdate] Show the field ONLY if: [exp_travel_4] = '1'	What was the departure date?	text (date_mdy) Question number: 139
144	[exp_travel_4_arrivecity] Show the field ONLY if: [exp_travel_4] = '1'	What was the arrival city?	text Question number: 140
145	[exp_travel_4_arrivedate] Show the field ONLY if: [exp_travel_4] = '1'	What was the arrival date?	text (date_mdy) Question number: 141
146	[exp_travel_4_mask] Show the field ONLY if: [exp_travel_4] = '1'	Did you wear a mask while in transit? (priority)	radio 1 Yes - always 2 Yes - sometimes 3 Yes - rarely 4 No mask worn 5 Unknown Question number: 142
147	[exp_travel_5] Show the field ONLY if: [exp_travel_4] = '1'	Do you have any additional trips to share?	yesno 1 Yes 0 No Question number: 143
148	[exp_travel_5_notes] Show the field ONLY if: [exp_travel_5] = '1'	(FOR INTERVIEWER: NOTE ALL ADDITIONAL TRIPS WITH THE FOLLOWING DETAILS) For each additional trip, please tell me the following: 1) domestic or international travel 2) departure city 3) departure date 4) arrival city 5) arrival date 6) mask use during travel (yes, always; yes, sometimes; yes, rarely; no mask worn; unknown).	notes Question number: 144
149	[exp_animal_dead]	Did you touch any dead animals or animal products in the three weeks before your first symptom first appeared (also called symptom onset)? (priority)	radio 1 Yes 2 No 3 Don't know Question number: 145
150	[exp_animal_dead_desc] Show the field ONLY if: [exp_animal_dead] = '1'	You mentioned that you touched a dead animal or animals and/or animal products, either raw or cooked, in the three weeks before symptom onset, can you describe the interaction or interactions? For example: Eating or using animal products from informal sources Please include handling, eating, or using animal products from street vendors, informal market, farmers market, family farms, traditional healers . Do not include handling raw meat purchased at a supermarket or grocery store in the US Did you eat raw meat, poultry, or seafood purchased in restaurants or from other sources? Butchering, handling, or cooking meat from wild animals. Using a product derived from wild animal tissue or fluids (cream, powder, etc.). Handling or cleaning up after dead nuisance animals (examples: mice, rats, bats). Hunting Other type of interaction	notes Question number: 146
151	[exp_animal_live]	Did you touch any live animals from the time your first symptom(s) appeared up until now? (priority)	yesno 1 Yes 0 No Question number: 147

152	[exp_animal_live_type] Show the field ONLY if: [exp_animal_live] = '1'	You mentioned that you touched a live animal or animals from the time your first symptom(s) appeared up until now, which type of animal(s)? (select all that apply)	checkbox

checkbox

1	exp_animal_live_type___1	Dog
2	exp_animal_live_type___2	Cat
3	exp_animal_live_type___3	Prairie dog
4	exp_animal_live_type___4	Other small mammals (e.g., rat, mouse, guinea pig, hamster, squirrel, chipmunk, gerbil)
5	exp_animal_live_type___5	Farm animal
99	exp_animal_live_type___99	Other

Question number: 148

153	[exp_animal_live_desc] Show the field ONLY if: [exp_animal_live] = '1'	For each animal or animals, can you briefly describe the interaction(s) (e.g. cuddling or, hugging, petting, kissing, cleaning urine or feces, sharing bed/sleeping space, sharing food, other)?	notes Question number: 149

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154 | [sexbeh_sex]

Section Header: *8. Sexual behaviors (FOR INTERVIEWER: READ THE FOLLOWING INTRODUCTION BEFORE BEGINNING THE INTERVIEW QUESTIONS) Now, in our last section, we will talk about your sexual behavior. The following questions refer to the three weeks before your first symptom appeared (also called symptom onset). Throughout this section, sex is defined as vaginal, oral, or anal sex. Close intimate contact includes cuddling, kissing, touching a partner's genitals or anus, or sharing sex toys. Again, we encourage you to be as honest as possible.*

Did you engage in sex and/or close intimate contact? (priority)

radio

1	Yes
2	No
3	Refuse to answer

Question number: 150

155	[sexbeh_msg1] Show the field ONLY if: [sexbeh_sex] = '2'	Probe for confirmation, if still no, then select no.	descriptive
156	[sexbeh_msg2] Show the field ONLY if: [sexbeh_sex] = '3'	Probe for confirmation, if still refusal, then select refuse to answer.	descriptive

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157 | [sexbeh_sex_type]

Show the field ONLY if:
[sexbeh_sex] = '1'

You mentioned that you had sex or close intimate contact in the three weeks before symptom onset, can you describe who you interacted with and the approximate number of partners for each? (select all that apply) (priority)

checkbox

1	sexbeh_sex_type___1	Women
2	sexbeh_sex_type___2	Men
3	sexbeh_sex_type___3	Other gender identity
4	sexbeh_sex_type___4	Unknown

Question number: 151

158	[sexbeh_sex_type_f] Show the field ONLY if: [sexbeh_sex_type(1)] = "1"	You mentioned you had sex or close contact with women, how many women?	text (integer) Question number: 152
159	[sexbeh_sex_type_m] Show the field ONLY if: [sexbeh_sex_type(2)] = "1"	You mentioned you had sex or close contact with men, how many men?	text (integer) Question number: 153
160	[sexbeh_sex_type_oth] Show the field ONLY if: [sexbeh_sex_type(3)] = "1"	You mentioned you had sex or close contact with persons of other gender identity, how many?	text (integer) Question number: 154
161	[sexbeh_sex_type_ukn] Show the field ONLY if: [sexbeh_sex_type(4)] = "1"	You mentioned you had sex or close contact with other persons, how many?	text (integer) Question number: 155

162	[sexbeh_exp_site] Show the field ONLY if: [sexbeh_sex] = '1'	You mentioned that you had sex or close intimate contact in the three weeks before symptom onset, which places were exposed? In other words, what were your anatomic site(s) of exposure during sexual and/or close intimate contact? (select all that apply.) (priority)	checkbox |1|sexbeh_exp_site__1|Penis| |2|sexbeh_exp_site__2|Vagina| |3|sexbeh_exp_site__3|Pharynx (oral)| |4|sexbeh_exp_site__4|Rectum (anal)| |99|sexbeh_exp_site__99|Other| Question number: 156
163	[sexbeh_exp_oth] Show the field ONLY if: [sexbeh_exp_site(99)] = "1"	You mentioned some other site was exposed, can you please specify?	text Question number: 157
164	[sexbeh_travel] Show the field ONLY if: [sexbeh_sex] = '1'	You mentioned that you had sex or close intimate contact in the three weeks before symptom onset, was this with someone who had recently traveled outside of their city? (select all that apply) (priority)	checkbox |1|sexbeh_travel__1|No| |2|sexbeh_travel__2|Yes, to another country| |3|sexbeh_travel__3|Yes, to another state| |4|sexbeh_travel__4|Yes, to another city within the patient's state| |5|sexbeh_travel__5|Unknown| Question number: 158
165	[sexbeh_travel_desc] Show the field ONLY if: [sexbeh_travel(2)] = "1" or [sexbeh_travel(3)] = "1" or [sexbeh_travel(4)] = "1"	You mentioned they had recently traveled outside their city, if you know, can you please specify the country(s), state(s), or cities they traveled to?	text Question number: 159
166	[sexbeh_meet] Show the field ONLY if: [sexbeh_sex] = '1'	You mentioned that you had sex or close intimate contact in the three weeks before symptom onset, during that time, where did you first meet your sex partner or partners? (select all that apply)	checkbox |1|sexbeh_meet__1|Online or on an app| |2|sexbeh_meet__2|Work| |3|sexbeh_meet__3|School| |4|sexbeh_meet__4|Gathering with friends| |5|sexbeh_meet__5|Gym| |6|sexbeh_meet__6|Massage parlors| |7|sexbeh_meet__7|Gay bars or clubs| |8|sexbeh_meet__8|Restaurant/bars| |9|sexbeh_meet__9|Festivals| |10|sexbeh_meet__10|Bathhouses or saunas| |11|sexbeh_meet__11|Sex clubs or sex parties| |12|sexbeh_meet__12|Adult bookstores/video stores| |13|sexbeh_meet__13|Park or other public cruising place| |14|sexbeh_meet__14|Social event (e.g., wedding, etc.)| |15|sexbeh_meet__15|Cruise ship(s)| |17|sexbeh_meet__17|Support groups| |18|sexbeh_meet__18|Not applicable (e.g., long-term partner)| |99|sexbeh_meet__99|Other| Question number: 160
167	[sexbeh_meet1] Show the field ONLY if: [sexbeh_meet(99)] = '1'	You mentioned you met your partner in some other location, can you specify?	text Question number: 161

168	[sexbeh_meet_notes]	You mentioned meeting your sex partner(s) at [sexbeh_meet], what was the approximate date(s) of this interaction(s) (include all dates as MM/DD/YYYY). (priority)	notes Question number: 162
169	[sexbeh_group] Show the field ONLY if: [sexbeh_sex] = '1'	You mentioned that you had sex or close intimate contact in the three weeks before symptom onset. During that time did you participate in any group sex, defined as more than two people, at a festival, group sex event, or sex party? (priority)	radio 1 Yes 2 No 3 Prefer not to answer Question number: 163
170	[sexbeh_group_loc] Show the field ONLY if: [sexbeh_meet(11)]='1'	You mentioned that you participated in group sex at a festival, group sex event, or sex party. Can you specify the date of attendance, name and location of this event? (priority)	notes Question number: 164
171	[sexbeh_exchange] Show the field ONLY if: [sexbeh_sex] = '1'	Did you exchange any items - like drugs, money, favors, food or housing - with anyone with who you had sex or close intimate contact? (priority)	radio 1 Yes, patient gave items 2 Yes, patient received items 3 Yes, patient gave and received items 4 No 5 Refuse to answer 6 Unknown Question number: 165
172	[additional_notes]	Thank you. Those were all the questions I had. Is there anything else you would like to share about your illness or you think is important for me to know?	notes Question number: 166
173	[interview_end]	(FOR INTERVIEWER: END OF INTERVIEW. PLEASE READ THE FOLLOWING SCRIPT BEFORE CONTINUING TO THE NEXT SECTION) Thank you for your time. This concludes our interview. If you have any further questions, you can contact [health department contact information].	descriptive
174	[lab_samples]	Section Header: *9. Laboratory* Were any patient specimens collected? (priority)	yesno 1 Yes 0 No Question number: 167
175	[lab_sample_1_id] Show the field ONLY if: [lab_samples]="1"	Performing laboratory specimen ID (A laboratory generated number that identifies the specimen related to this test)	text, Required Question number: 168
176	[lab_sample_1_type] Show the field ONLY if: [lab_samples] = '1'	What type of sample was collected?	radio 1 Lesion swab 2 Lesion crust 3 Serum 99 Other Question number: 169
177	[lab_sample_1_type_oth] Show the field ONLY if: [lab_sample_1_type] = '99'	If other, describe the type of lesion specimen collected.	text Question number: 170
178	[lab_sample_1_collectdate] Show the field ONLY if: [lab_samples] = '1'	When was the specimen collected?	text (date_mdy) Question number: 171
179	[lab_sample_1_testdate] Show the field ONLY if: [lab_samples] = '1'	When was the specimen tested?	text (date_mdy) Question number: 172

| 180 | [lab_sample_1_loc]

Show the field ONLY if:
[lab_samples] = '1' | Where was the specimen tested? (select all that apply) | checkbox

| 1 | lab_sample_1_loc___1 | CDC |
| 2 | lab_sample_1_loc___2 | LRN |
99	lab_sample_1_loc___99	Other | Question number: 173
181	[lab_sample_1_loc_oth] Show the field ONLY if: [lab_sample_1_loc(99)] = '1'	If other, specify	text Question number: 174
182	[lab_sample_1_testtype] Show the field ONLY if: [lab_samples] = '1'	How was the specimen tested? (select all that apply)	checkbox | 1	lab_sample_1_testtype___1	Monkeypox PCR
2	lab_sample_1_testtype___2	Monkeypox genetic sequencing
3	lab_sample_1_testtype___3	Monkeypox viral culture
4	lab_sample_1_testtype___4	Orthopoxvirus generic PCR
5	lab_sample_1_testtype___5	Non-variola orthopoxvirus PCR
6	lab_sample_1_testtype___6	Orthopoxvirus immunohistochemistry
7	lab_sample_1_testtype___7	Orthopoxvirus electron microscopy
8	lab_sample_1_testtype___8	Serology | Question number: 175
183	[lab_sample_1_result] Show the field ONLY if: [lab_samples] = '1'	What was the test result?	radio 	1	Negative
2	Positive
3	Indeterminate
4	Unknown	 Question number: 176
184	[lab_sample_2] Show the field ONLY if: [lab_samples] = '1'	Are there additional samples to report?	yesno 	1	Yes
0	No	 Question number: 177
185	[lab_sample_2_id] Show the field ONLY if: [lab_sample_2]="1"	Performing laboratory specimen ID (A laboratory generated number that identifies the specimen related to this test)	text, Required Question number: 178
186	[lab_sample_2_type] Show the field ONLY if: [lab_sample_2] = '1'	What type of sample was collected?	radio 	1	Lesion swab
2	Lesion crust
3	Serum
99	Other	 Question number: 179
187	[lab_sample_2_type_oth] Show the field ONLY if: [lab_sample_2_type] = '99'	If other, describe the type of lesion specimen collected.	text Question number: 180
188	[lab_sample_2_collectdate] Show the field ONLY if: [lab_sample_2] = '1'	When was the specimen collected?	text (date_mdy) Question number: 181

189	[lab_sample_2_testdate] Show the field ONLY if: [lab_sample_2] = '1'	When was the specimen tested?	text (date_mdy) Question number: 182
190	[lab_sample_2_loc] Show the field ONLY if: [lab_sample_2] = '1'	Where was the specimen tested? (select all that apply)	checkbox 1 lab_sample_2_loc___1 CDC 2 lab_sample_2_loc___2 LRN 99 lab_sample_2_loc___99 Other Question number: 183
191	[lab_sample_2_loc_oth] Show the field ONLY if: [lab_sample_2_loc(99)] = '1'	If other, specify	text Question number: 184
192	[lab_sample_2_testtype] Show the field ONLY if: [lab_sample_2] = '1'	How was the specimen tested? (select all that apply)	checkbox 1 lab_sample_2_testtype___1 Monkeypox PCR 2 lab_sample_2_testtype___2 Monkeypox genetic sequencing 3 lab_sample_2_testtype___3 Monkeypox viral culture 4 lab_sample_2_testtype___4 Orthopoxvirus generic PCR 5 lab_sample_2_testtype___5 Non-variola orthopoxvirus PCR 6 lab_sample_2_testtype___6 Orthopoxvirus immunohistochemistry 7 lab_sample_2_testtype___7 Orthopoxvirus electron microscopy 8 lab_sample_2_testtype___8 Serology Question number: 185
193	[lab_sample_2_result] Show the field ONLY if: [lab_sample_2] = '1'	What was the test result?	radio 1 Negative 2 Positive 3 Indeterminate 4 Unknown Question number: 186
194	[lab_sample_3] Show the field ONLY if: [lab_sample_2] = '1'	Are there additional samples to report?	yesno 1 Yes 0 No Question number: 187
195	[lab_sampled_3_id] Show the field ONLY if: [lab_sample_3]="1"	Performing laboratory specimen ID (A laboratory generated number that identifies the specimen related to this test)	text, Required Question number: 188
196	[lab_sample_3_type] Show the field ONLY if: [lab_sample_3] = '1'	What type of sample was collected?	radio 1 Lesion swab 2 Lesion crust 3 Serum 99 Other Question number: 189
197	[lab_sample_3_type_oth] Show the field ONLY if: [lab_sample_3_type] = '99'	If other, describe the type of lesion specimen collected.	text Question number: 190

198	[lab_sample_3_collectdate] Show the field ONLY if: [lab_sample_3] = '1'	When was the specimen collected?	text (date_mdy) Question number: 191
199	[lab_sample_3_testdate] Show the field ONLY if: [lab_sample_3] = '1'	When was the specimen tested?	text (date_mdy) Question number: 192
200	[lab_sample_3_loc] Show the field ONLY if: [lab_sample_3] = '1'	Where was the specimen tested? (select all that apply)	checkbox | 1	lab_sample_3_loc___1	CDC
2	lab_sample_3_loc___2	LRN
99	lab_sample_3_loc___99	Other	 Question number: 193
201	[lab_sample_3_loc_oth] Show the field ONLY if: [lab_sample_3_loc(99)] = '1'	If other, specify	text Question number: 194
202	[lab_sample_3_testtype] Show the field ONLY if: [lab_sample_3] = '1'	How was the specimen tested? (select all that apply)	checkbox | 1	lab_sample_3_testtype___1	Monkeypox PCR
2	lab_sample_3_testtype___2	Monkeypox genetic sequencing
3	lab_sample_3_testtype___3	Monkeypox viral culture
4	lab_sample_3_testtype___4	Orthopoxvirus generic PCR
5	lab_sample_3_testtype___5	Non-variola orthopoxvirus PCR
6	lab_sample_3_testtype___6	Orthopoxvirus immunohistochemistry
7	lab_sample_3_testtype___7	Orthopoxvirus electron microscopy
8	lab_sample_3_testtype___8	Serology	 Question number: 195
203	[lab_sample_3_result] Show the field ONLY if: [lab_sample_3] = '1'	What was the test result?	radio 	1	Negative
2	Positive
3	Indeterminate
4	Unknown	 Question number: 196
204	[lab_sample_4] Show the field ONLY if: [lab_sample_3] = '1'	Are there additional samples to report?	yesno 	1	Yes
0	No	 Question number: 197
205	[lab_sample_4_id] Show the field ONLY if: [lab_sample_4]="1"	Performing laboratory specimen ID (A laboratory generated number that identifies the specimen related to this test)	text, Required Question number: 198
206	[lab_sample_4_type] Show the field ONLY if: [lab_sample_4] = '1'	What type of sample was collected?	radio 	1	Lesion swab
2	Lesion crust
3	Serum
99	Other	 Question number: 199

207	[lab_sample_4_type_oth] Show the field ONLY if: [lab_sample_4_type] = '99'	If other, describe the type of lesion specimen collected.	text Question number: 200
208	[lab_sample_4_collectdate] Show the field ONLY if: [lab_sample_4] = '1'	When was the specimen collected?	text (date_mdy) Question number: 201
209	[lab_sample_4_testdate] Show the field ONLY if: [lab_sample_4] = '1'	When was the specimen tested?	text (date_mdy) Question number: 202
210	[lab_sample_4_loc] Show the field ONLY if: [lab_sample_4] = '1'	Where was the specimen tested? (select all that apply)	checkbox 1 lab_sample_4_loc___1 CDC 2 lab_sample_4_loc___2 LRN 99 lab_sample_4_loc___99 Other Question number: 203
211	[lab_sample_4_loc_oth] Show the field ONLY if: [lab_sample_4_loc(99)] = '1'	If other, specify	text Question number: 204
212	[lab_sample_4_testtype] Show the field ONLY if: [lab_sample_4] = '1'	How was the specimen tested? (select all that apply)	checkbox 1 lab_sample_4_testtype___1 Monkeypox PCR 2 lab_sample_4_testtype___2 Monkeypox genetic sequencing 3 lab_sample_4_testtype___3 Monkeypox viral culture 4 lab_sample_4_testtype___4 Orthopoxvirus generic PCR 5 lab_sample_4_testtype___5 Non-variola orthopoxvirus PCR 6 lab_sample_4_testtype___6 Orthopoxvirus immunohistochemistry 7 lab_sample_4_testtype___7 Orthopoxvirus electron microscopy 8 lab_sample_4_testtype___8 Serology Question number: 205
213	[lab_sample_4_result] Show the field ONLY if: [lab_sample_4] = '1'	What was the test result?	radio 1 Negative 2 Positive 3 Indeterminate 4 Unknown Question number: 206
214	[lab_sample_5] Show the field ONLY if: [lab_sample_4] = '1'	Are there additional samples to report?	yesno 1 Yes 0 No Question number: 207
215	[lab_sample_5_notes] Show the field ONLY if: [lab_sample_5] = '1'	If yes, please list for each additional sample: 1) lab specimen ID 2) sample type 3) date of collection (MM-DD-YYYY) 4) date of testing (MM-DD-YYYY) 5) testing location 6) test type 7) test result.	notes Question number: 208

216	[int_person]	Section Header: *10. Notes and Additional information (FOR INTERVIEWER: USE THIS SPACE ADD ANY ADDITIONAL NOTES, COMMENTS, AND/OR FILES)* (FOR INTERVIEWER) Indicate who interview was conducted with. (Select all that apply)	checkbox, Required 	1	int_person___1	Patient
2	int_person___2	Proxy
3	int_person___3	Provider
99	int_person___99	Other	 Question number: 209
217	[int_person_oth] Show the field ONLY if: [int_person(99)]='1'	(FOR INTERVIEWER) If other, specify.	text Question number: 210
218	[int_date_exp]	(FOR INTERVIEWER) What was the date of likely exposure? (priority)	text (date_mdy) Question number: 211
219	[int_source_exp]	(FOR INTERVIEWER) What was the likely source of exposure?	notes, Required Question number: 212
220	[int_lcl_trvl_case]	(FOR INTERVIEWER) Was this likely an imported/travel-associated case or a locally acquired case? (choose one)	radio, Required | 1	Imported/travel-associated
2	Locally acquired
3	Unknown	 Question number: 213
221	[notes]	(FOR INTERVIEWER) Please use this space to include any additional notes or comments.	notes Question number: 214
222	[file]	(FOR INTERVIEWER) Please upload any relevant, deidentified files (e.g. photos, lab results, or medical records) here.	file Question number: 215
223	[file_2_yn]	(FOR INTERVIEWER) Would you like to add additional documents?	yesno | 1	Yes
0	No	 Question number: 216
224	[file_2] Show the field ONLY if: [file_2_yn] = '1'	(FOR INTERVIEWER) Please upload any relevant, deidentified files (e.g. photos, lab results, or medical records) here.	file Question number: 217
225	[file_3_yn] Show the field ONLY if: [file_2_yn] = '1'	(FOR INTERVIEWER) Would you like to add additional documents?	yesno | 1	Yes
0	No	 Question number: 218
226	[file_3] Show the field ONLY if: [file_3_yn] = '1'	(FOR INTERVIEWER) Please upload any relevant, deidentified files (e.g. photos, lab results, or medical records) here.	file Question number: 219
227	[file_4_yn] Show the field ONLY if: [file_3_yn] = '1'	(FOR INTERVIEWER) Would you like to add additional documents?	yesno | 1	Yes
0	No	 Question number: 220
228	[file_4] Show the field ONLY if: [file_4_yn] = '1'	(FOR INTERVIEWER) Please upload any relevant, deidentified files (e.g. photos, lab results, or medical records) here.	file Question number: 221
229	[file_5_yn] Show the field ONLY if: [file_4_yn] = '1'	(FOR INTERVIEWER) Would you like to add additional documents?	yesno | 1	Yes
0	No	 Question number: 222

230	[file_5] Show the field ONLY if: [file_5_yn] = '1'	(FOR INTERVIEWER) Please upload any relevant, deidentified files (e.g. photos, lab results, or medical records) here.	file Question number: 223
231	[crf_end]	This concludes the case report form, if you would like to retain for your records, please print now.	descriptive
232	[case_report_form_complete]	Section Header: *Form Status* Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>